

FEB 2 1 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3525

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3445, Pine (Peoples Hospital) St. Ward)

791
1003

File No.
Registered No. 832

2. FULL NAME Alice V. Collins

(a) Residence, No. 4334 Enright St., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-2-1878</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>11</u>	DAYS <u>17</u>
IF LESS than 1 day, hrs. or min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19-1935

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1934, to 1-19, 1935

I first saw h. or alive on 1-19, 1935. Death is said to have occurred on the date stated above, at 6p m.

The principal cause of death and folged causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

Diabetes Mellitus

5

Other contributory causes of importance:
gangrene of right foot

Date of onset 1933
Diabetes Mellitus
5
Diabetes Mellitus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Sam Howell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Janie Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

Name of operation..... Date of.....
What test confirmed diagnosis Diabetes Mellitus Was there an autopsy?.....

17. INFORMANT Selena V. Collins
(ADDRESS) 4334 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 1/23, 1935

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

19. UNDERTAKER C. W. Roberts
(ADDRESS) 3035 Lucas Ave.

20. FILED JAN 23 1935 J. Bredeck
Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. D. Miller, M. D.
(Address) 809 1/2 Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

